FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9400003662 (3) DOCUMENT #

1. Corporation Name

COMPCOM INTERNATIONAL, INC.

Principal Place of Business Mailing Address 1135 PASADENA AVE., SOUTH 1135 PASADENA AVE., SOUTH SUITE 307 SUITE 307 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 07/13/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3245894 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Reguired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zin 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAYTON, WILLIAM G 1135 PASADENA AVE., SOUTH Street Address (P.O. Box Number is Not Acceptable) 62 SUITE 467 240 Ole 83 ST. PETERSBURG FL 33707 Suite 240 City ox 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change PSTD TITLE 1.1 TITLE

Addition LAYTON, WILLIAM G NAME 1.2 NAME \$400 PARK ST N. #104 5950 PELICAN BAY PLAZA \$904 STREET ADDRESS 1.3 STREET ADDRESS -ST: PETERSBURG FL-1.4 CITY-ST-ZIP BULFPORT, FL 33707 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- \$1 - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an apidress.

CITY-ST-ZIP

FILED

Apr 30 1998 8:00am

Secretary of State